

DISSOLUTION CAMPAIGN STATEMENT

Type or print clearly in ink Committee Name and Address:	Committee I.D. Number:
THIS FORM MAY BE USED <u>TO DISSOLVE A COMMITTEE THAT</u> NO FURTHER FILING OBLIGATIONS UNDER MICHIGAN'S CAM OFFICEHOLDER IS NOT PERMITTED TO DISSOLVE HIS OR HE NO LONGER QUALIFIED TO SEEK REELECTION.	
I certify that the committee listed above: Obtained a Reporting Waiver by checking Item 10 on its S Organization.	Statement of Organization or on an amendment to its Statement of
INDEPENDENT COMMITTEES, POLITICAL COMMITTE spend more than \$1,000.00 during any calendar year afte	ES AND POLITICAL PARTY COMMITTEES: Did not receive or robtaining the Reporting Waiver.
CANDIDATE AND BALLOT QUESTION COMMITTEES: obtaining the Reporting Waiver	Did not receive or spend more than \$1,000.00 for any election after
Has no outstanding late fees or other remaining debts.	
Has no remaining assets.	
I further certify that the remaining funds (if any) were disposed in the	e following manner:
Date of Dissolution	
Signature of Committee Treasurer or Designated Recordkeeper	Date
Signature of Candidate (if a Candidate Committee)	Date
Return this form to your filing official. If the above statement does not this form cannot be used to dissolve your committee, contact your file.	ot apply to your committee, you cannot dissolve it with this form. If ling official for further instruction.
State-level candidate committees, judicial candidate committees, state-wide Ballot Question Committees, state-level PACs, and all Political Parties file this form with:	City, township, village, school board, or community college candidate committees, local PACs and local Ballot Question Committees file this form with:

Michigan Department of State Bureau of Elections Post Office Box 20126 Lansing, Michigan 48901-0726 (517)373-2540 Local County Clerk